

Cambodia has greatly improved child health over the past two decades, but poor nutrition threatens further growth & development.

Key Recommendations

World Vision calls for the Royal Government of Cambodia to:

- Strengthen the implementation of the multi-sectoral National Strategy on Food Security and Nutrition 2014-2018 & act on commitments to Scaling Up Nutrition (SUN) movement.
- Improve the implementation of Sub-Decree 133 by supporting the functioning of the Oversight Board and providing a public mechanism to report violations in breast milk substitute marketing.
- Improve Cambodian citizens nutritional status through food fortification and complimentary feeding programs.

Malnutrition is the underlying cause of 45% of child deaths globally¹, contributing to child mortality by making more children vulnerable to infection and disease. While Cambodia met Cambodia's Millennium Development Goals 4 and 5 on child and maternal mortality since 2010², up to 32% of children under-five still remain malnourished, and there has been no demonstrable reduction in stunting rates since 2005.³ Malnutrition also shows an equity gap in Cambodia with stunting being more common in rural areas (34%) than urban areas (24%) and least common among children of more educated mothers and wealthier families.⁴

Why is malnutrition prevalent?

It is often thought that malnutrition is simply the result of not having enough food; however, a child (or adult) can have enough food to eat and still be poorly nourished if they do not have the *right foods at the right times*. They must also receive the necessary health care (e.g. vaccinations) and have access to clean water and sanitation to protect them from infection and disease, which reduces the absorption of needed nutrients.

A primary cause of malnutrition in Cambodia is diarrhea as result of poor sanitation in households and the community (e.g. primary school). When a child experiences repeated bouts of diarrhea, accompanied by food that has low nutritional value, they can become chronically malnourished.

Chronic malnutrition results in stunting, which impairs a child's growth and development. Stunting has lifelong and irreversible impacts on physical and cognitive development of children, reducing a country's future productivity and economic growth, and increasing national health care costs.⁵ In 2014, the Council for Agriculture and Rural Development (CARD), WFP, and UNICEF estimated that malnutrition costs Cambodia up to US\$400 million annually, or 2.5% of its GDP.⁶

Malnutrition makes children more vulnerable to infection and disease, which can prevent further progress in child mortality. And with more than half of pregnant women (53%) suffering from anemia⁷, which can lead to premature deliveries and low birth weight for babies,⁸ the malnutrition can become inter-generational – 56% of children between 6-59 months are anemic.⁹

One of the best ways to ensure proper nutrition for infants and children is through appropriate breastfeeding practices during the first 1,000 days of life. However, Cambodia has not shown a good trend in this area.¹⁰ Initial and exclusive breastfeeding is essential for a child's nutrition, but there remains an urgent need to educate mothers and promote its benefits over breast milk substitutes like baby formula.¹¹

Opportunities for progress

Addressing nutrition multi-sectorally: In order to fully address the causes and effects of malnutrition, joint efforts are required across a range of sectors, including agriculture, education, water sanitation, and health care. Cambodia can continue to strengthen its multi-sectoral approach by integrating national policies and programs that improve nutrition. For example, agricultural and food security programs can increase access to foods that are nutrient rich, and nutrition lessons can be added to school curricula and improve nutrition practices in households. Multi-sectoral approaches require strong coordination and accountability across responsible government ministries and will lead to better and more sustainable outcomes.¹²

Increasing consumption of highly nutritious and fortified food: Dietary diversification and fortification programs increase the intake of micronutrients by

encouraging the consumption of foods with high nutritional value and adding vitamins and minerals to foods during manufacturing. Food fortification has proven to be a rapid and cost-effective method to enhance nutrition without drastic changes in diet (as seen in the success of mandatory salt iodization¹³). There is great potential to further reduce anemia prevalence through iron fortification of fish and soy sauce.¹⁴

Improving nutrition in the ‘First 1,000 Days’:

The first 1,000 days of a child’s life, from pregnancy until age two, is a window of opportunity for child development. During this time, a child needs exclusive breastfeeding up to six months, complementary feeding up to 2 years or more, and adequate iron and other vitamins. The nutritional status of mothers at the time of conception and during pregnancy is critical for both the health of the mother and for ensuring healthy fetal growth and development.¹⁵ However, mothers and children face many challenges during this critical time of development, including social and economic pressures that undermine good nutrition practices. For example, a recent survey of 110 brands of infant formula in six provinces of Cambodia found that none of them were fully compliant with Cambodian legislation designed to prevent misleading product promotions.¹⁶ This leads to increased confusion and misinformation on healthy feeding practices.¹⁷

Government responses

The government has shown more positive progress in responding to child malnutrition issues. The call for the re-enforcement of sub-decree 133 by Prime Minister during National Nutrition Day in November 2015 is an example. During mid-2015, Ministry of Health issued a warning letters to all health centers, pharmacies, and private companies to strictly implement and comply with the sub-decree. The official establishment of the Oversight Board – a committee that is responsible for monitoring the implementation of sub-decree 133 – needs to be well-function and fulfill their roles in order to contribute to the achievement of National Strategy for Food Security and Nutrition (NSFSN 2014-2018) and National Strategic Development Plan (NSDP 2014-2018), therefore improving child nutrition status.

World Vision calls on the Royal Government of Cambodia to:

Strengthen Cambodia’s multisectoral approach to nutrition:

- Prioritize implementation and budget allocation for the *National Strategy for Food Security & Nutrition*

2014-2018 that is aligned with SDGs and ensure that each ministry is accountable to commitments.

- Build upon the recent commitment to the SUN movement by strengthening good nutrition practices, supplement allocation, food fortification, and dietary diversification programs.
- Reduce iron micronutrient deficiencies by passing new composition standards and a mandatory sub-decree for iron fortification of soy and fish sauce.

Scale-up key interventions that improve the nutritional status of children in their first 1,000 days of life:

- Enforce *Sub-decree 133 on the Marketing of Products for Infant and Young Child Feeding* by ensuring the functioning of monitoring authority (Oversight Board) and establishing Sub-decree 133 violation complaint mechanism and tools to further engage the public.
- Effectively address child diarrhea by investing in improved sanitation for rural and urban communities, and implement policies that prevent and treat diarrhea (including scaling-up zinc supplementation and oral rehydration solution at community level).

Improve the understanding of malnutrition among Cambodian citizens

- Build upon the progress made in exclusive breastfeeding through education programs on correct complementary feeding practices.
- Subsidize national television programs for nutrition promotion with collaborating NGOs.
- Ensure regular education and outreach by community healthcare workers and schools to include nutrition education and promotion.

1 Black, et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427-451.

2 RGC (2014). *Annual Progress Report 2013: Achieving Cambodia’s Millennium Development Goals*.

3 Cambodia Demographic and Health Survey (CDHS) 2014.

4 Ibid.

5 Horton, et al. (2010). *Scaling up nutrition: what will it cost?*. Washington, DC: World Bank.

6 Bagriansky, et al. (2014). *Damage assessment report: the economic consequences of malnutrition in Cambodia*. World Food Programme.

7 CDHS 2014.

8 Countdown to 2015 (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*.

9 CDHS 2014; Charles, C. V., Summerlee, A. J., & Dewey, C. E. (2012). Anemia in Cambodia: prevalence, etiology and research needs. *Asia Pacific journal of clinical nutrition*, 21(2), 171.

10 CDHS 2014: exclusive breastfeeding has declined with only 65 percent of children under 6 months of age are exclusively breastfed, compared to 75% in 2010. The prevalence of bottle feeding among Cambodian children aged 6 months and above has increased substantially in comparison with data from the 2010 CDHS. Thirty-four percent of children aged 12-23 months were fed with a bottle in 2014, as compared with 25 percent in 2010.

11 World Vision (2014). *Improving Child Nutrition by Enforcing Sub-Decree 133*.

12 World Bank (2013) *Improving Nutrition Through Multi-sectoral Approaches*.

13 CDHS 2014.

14 Theary, et al. (2013). Fish sauce, soy sauce, and vegetable oil fortification in Cambodia: Where do we stand to date? *Food & Nutrition Bulletin*, 34.

15 *The Lancet* (2013) *Maternal and Child Nutrition series*.

16 World Vision and HKI (2015). *Breast-milk Substitutes Promotion and Labeling Violations: Observations at Points-of-sale in Six Provinces across Cambodia*.

17 Save the Children, HKI, UNICEF, WHO, World Vision (2014). *Joint statement on breast milk substitutes in Cambodia*.